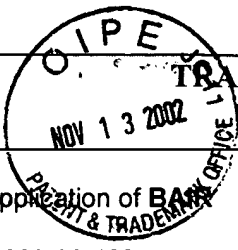


2171



TRANSMITTAL FORM

Attorney Docket No.

STL000040US1/1716P

In re the application of **BANK**Date: **November 5, 2002**Serial No: **09/733,429**Group Art Unit: **2171**Filed: **Dec. 8, 2000**Examiner: **Thai, Hanh B.**For: **METHOD AND SYSTEM FOR ACCESSING INFORMATION ON A NETWORK**

ENCLOSURES (check all that apply)					
<input checked="" type="checkbox"/>	Amendment/Reply	<input type="checkbox"/>	Assignment and Recordation Cover Sheet	<input type="checkbox"/>	After Allowance Communication to Group
<input type="checkbox"/>	After Final	<input type="checkbox"/>	Part B-Issue Fee Transmittal	<input type="checkbox"/>	Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/>	Information disclosure statement	<input type="checkbox"/>	Letter to Draftsman	<input type="checkbox"/>	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/>	Form 1449	<input type="checkbox"/>	Drawings	<input type="checkbox"/>	Status Letter
<input type="checkbox"/>	(X) Copies of References	<input type="checkbox"/>	Petition	<input checked="" type="checkbox"/>	Postcard
<input type="checkbox"/>	Extension of Time Request *	<input type="checkbox"/>	Fee Address Indication Form	<input type="checkbox"/>	Other Enclosure(s) (please identify below):
<input type="checkbox"/>	Express Abandonment	<input type="checkbox"/>	Terminal Disclaimer	RECEIVED NOV 15 2002 Technology Center 2100	
<input type="checkbox"/>	Certified Copy of Priority Doc	<input type="checkbox"/>	Power of Attorney and Revocation of Prior Powers		
<input type="checkbox"/>	Response to Incomplete Appln	<input type="checkbox"/>	Change of Correspondence Address		
<input type="checkbox"/>	Response to Missing Parts	*Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for xxxxx month(s), from to .			
<input type="checkbox"/>	Executed Declaration by Inventor(s)				

CLAIMS					
FOR	Claims Remaining After Amendment	Highest # of Claims Previously Paid For	Extra Claims	RATE	FEE
Total Claims	39	39	0	\$18.00	\$ 0.00
Independent Claims	3	3	0	\$84.00	\$ 0.00
				Total Fees	\$ 0.00


METHOD OF PAYMENT	
<input type="checkbox"/>	Check no. _____ in the amount of \$ _____ is enclosed for payment of fees.
<input type="checkbox"/>	Charge \$ _____ to Deposit Account No. _____ (Account Holder Name) for payment of fees.
<input checked="" type="checkbox"/>	Charge any additional fees or credit any overpayment to Deposit Account No. 02-2120 (Sawyer Law Group LLP)

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Attorney Name	Joseph A. Sawyer, Jr., Reg. No. 30,801
Signature	
Date	November 5, 2002

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: November 5, 2002	
Type or printed name	Grace Alicea
Signature	



4
B#
11-17-02

<p align="center">CERTIFICATE OF MAILING</p> <p>I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to the Commissioner for Patents and Trademarks, Washington, D.C. 20231, on November 5, 2002.</p> <p align="right"> _____ Grace Alicea</p>

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:

Date: November 5, 2002

Kevin D. Bair

Serial No. 09/733,429

Group Art Unit: 2171

Filed: December 8, 2000

Examiner: Thai, Hanh

For: METHOD AND SYSTEM FOR ACCESSING INFORMATION ON A
NETWORK

Assistant Commissioner for Patents
Washington, D.C. 20231

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Technology Center 2100

Sir:

In response to the Office Action dated September 10, 2002, please enter the following remarks in the present Application: